



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS
1000 Washington Street, 10th Floor, Boston, Massachusetts 02118

**FOREIGN TRANSMITTAL AGENCY
ANNUAL REPORT TO THE COMMISSIONER OF BANKS
FOR YEAR ENDED DECEMBER 31, 2014**

Each entity licensed as a foreign transmittal agency under Massachusetts General Laws, chapter 169 §1 is required to file an Annual Report for the calendar year ending December 31st by January 31st of the following year.

Massachusetts General Laws chapter 169, §9 and the Division of Banks' regulation 209 CMR 44.06 require foreign transmittal agencies to file an Annual Report to the Commissioner of Banks on or before January 31st of each year. Per Massachusetts General Laws chapter 169, section 9 and the Division's regulations 209 CMR 44.06, a late fee of \$5.00 per day will be assessed to licensees that fail to provide an Annual Report to the Division on or before January 31, 2015.

The Annual Report consists of two schedules:

SCHEDULE A	Total transactions conducted by Licensee in 2014
SCHEDULE B	Breakdown of transactions conducted at each licensed location in 2014

The Annual Report must be completed typewritten or legibly written in ink. Each schedule needs to be fully completed. Any item which is not applicable to the licensee should be properly noted and reasons provided. Where insufficient space is provided to set forth the facts adequately, please attach an addendum to the schedule giving the details. Please make copies of Schedule B as needed.

The Annual Report must be submitted by e-mail on or before January 31, 2015 to:

**The Division's e-mail address is: Dob.ftannualreport@state.ma.us
Please do not mail a hard copy of the report to the Division.**

Please retain a copy of the Annual Report for your records. If you have any questions regarding this report, please contact the Division of Banks at (617) 956-1500 extension 554.

**ANNUAL REPORT TO THE COMMISSIONER OF BANKS
FOREIGN TRANSMITTAL AGENCY
FOR THE YEAR ENDED DECEMBER 31, 2014**

SCHEDULE A

NAME OF LICENSEE: _____

Provide the following information for the person responsible for the information contained in this annual report:

NAME: _____

TITLE: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

The undersigned is authorized to attest that the attached schedules of the report have been prepared in conformance with the issued instructions and are true to the best of my knowledge and belief. This report must be signed by an authorized officer and must be attested to by at least one director.

We, the undersigned directors, attest to the correctness of the attached schedules of the report and declare that they have been examined by us and to the best of our knowledge and belief have been prepared in conformance with the instructions issued and are true and correct.

_____ Signature of authorized officer	_____ Typed name and title	_____ Date signed
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_____ Signature of director	_____ Typed name and title	_____ Date signed
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_____ Signature of director	_____ Typed name and title	_____ Date signed
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On this _____ day of _____, before me, the undersigned notary public, personally appeared the above named and proved to me through satisfactory evidence of identification, which was/were the person(s) whose name(s) is/are signed on this document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

My Commission Expires:
(Stamp or Seal)

Notary Public

- (1) Provide the total number of transactions and amount received per month for remittance to foreign countries during the year 2014:

MONTH	TOTAL # OF TRANSACTIONS	TOTAL AMOUNT OF TRANSACTIONS
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SPETMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
2014 TOTALS	*	**

The License is required to complete a separate SCHEDULE B for each licensed location which conducted transactions in the year 2014.

* The Total # of Transactions shall be equal to the number aggregate of the transactions listed in each Schedule B completed.

** The Total Amount Transacted shall be equal to the amount transacted on each Schedule B completed.

- (2) Divide the total amount of all transactions during 2014 by 52. This is the weekly average amount of transacted. Multiply this number by 2 to get twice the weekly average. The Licensee will be required to provide a Bond or Security equal to at least twice the weekly average amount of transactions or a minimum of \$50,000, whichever is more.

COLUMN A	COLUMN B	COLUMN C
TOTAL AMOUNT OF TRANSACTION AS STATED ABOVE	COLUMN A ÷ 26 (TWICE WEEKLY AVERAGE) <u>REQUIRED BOND AMOUNT</u>	BOND AMOUNT AS OF 12/31/14

The amount listed in Column B or \$50,000, whichever is greater, is the minimum bonding requirement for the Licensee.

- (3) List the type, and number of Bond or Security on deposit with the Treasurer and Receiver-General, the present value of such, and maturity date.**

- (4) Provide a list with the number of transactions and total dollar amounts sent to each foreign country during 2014. A separate addendum may be required.**

NAME OF COUNTRY	TOTAL # OF TRANSACTIONS	TOTAL \$ AMOUNT TRANSMITTED

- (5) State through whom payments are made in foreign countries, giving the full address. Provide a separate addendum if needed.**

(6) State receipts of transmission order not received within 7 days as required by law.

NUMBER _____ **AMOUNT \$** _____

REASON FOR DELAY: _____

(7) State the amounts on deposit in savings banks, national banks and trust companies:

BANK:	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$

(8) State amounts on deposit in foreign banks:

BANK:	AMOUNT
	\$
	\$
	\$
	\$
	\$

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FOREIGN TRANSMITTAL AGENCY
FOR THE YEAR ENDED DECEMBER 31, 2014**

SCHEDULE B

A separate Schedule B is required to be completed for each location in Massachusetts which the licensee conducted business from during 2014. You may reproduce as many copies of Schedule B as necessary.

NAME OF LICENSEE: _____

NAME OF LOCATION (AGENT): _____

ADDRESS: _____

LICENSEE NUMBER: _____

(B.1.) List the total number of transactions and amounts received per month for remittance to foreign countries at the licensed location listed above during 2014:

MONTH	TOTAL # OF TRANSACTIONS	TOTAL \$ AMOUNT TRANSMITTED
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SPETMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
2014 TOTALS	*	**

The totals should be included in the amount stated in Schedule A.

(B.2.) List the countries the licensed location remitted to.
